

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/646,473
		Filing Date	08-21-2003
		First Named Inventor	Jamie Wakeam
		Group Art Unit	2625
		Confirmation Number	8478
<input type="checkbox"/> Sent via Express Mail Label No.:		Examiner Name	SINGH, SATWANT K
		Attorney Docket Number	305154.01

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <u>October 20, 2003</u> Date _____ Signature <u>Neeraj Tovar</u> Printed Name	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Best, Reply Best) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>

Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			
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SIGNATURE OF ATTORNEY OR AGENT			
Signature	/MacLane C. Key/	Reg. No.	48,250
Name of Attorney or Agent		MacLane C. Key	
Date	October 20, 2008	Tel.	703-647-6566
Assignee Name:		Facsimile No.	
Customer Number:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 22971	